

# BUDGET FORM FOR INDIVIDUAL ARTISTS

**APPLICANT NAME:**

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<b>EXPENSES FOR PROJECT ONLY ↓</b>	<b>CASH ↓</b>	<b>IN-KIND ↓</b>
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**(PLEASE ITEMIZE)****SUPPLIES AND MATERIALS:** \_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

**REGISTRATION OR ENTRY FEES:** \_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

**CONTRACTED SERVICES:** \_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

**EQUIPMENT:** \_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

**SPACE RENTAL (location/rate):** \_\_\_\_\_ : ..... \$ ..... \$ .....**TRAVEL:** (specify mileage, per diems, expenses)

In-state: ..... \$ ..... \$ .....

Out-of-state: ..... \$ ..... \$ .....

**MARKETING/PUBLICITY:** (specify) ..... \$ ..... \$ .....**REMAINING PROJECT EXPENSES:** (please itemize)

\_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

\_\_\_\_\_ : ..... \$ ..... \$ .....

**TOTAL CASH EXPENSES:** (must equal Total Cash Income) ..... \$ .....**TOTAL VALUE OF IN-KIND CONTRIBUTIONS:** ..... \$ .....

Identify sources of in-kind (donated services or goods) contributions here: \_\_\_\_\_

**APPLICANT NAME:****INCOME****REVENUE – EARNED INCOME:**

Fees for Services: ..... \$ .....

Employer Reimbursement: ..... \$ .....

Contracted Services (*specify*): ..... \$ .....Other Revenue (*specify*): ..... \$ .....

..... ..... \$ .....

**SUPPORT - UNEARNED INCOME:**Corporate Sponsorships (*identify*): ..... \$ .....

New England Foundation for the Arts Grants: ..... \$ .....

Private Foundations (*identify*): ..... \$ .....Other Support (*includes scholarships / fellowships*)

..... ..... \$ .....

..... ..... \$ .....

**GOVERNMENT SUPPORT:**

Federal: ..... \$ .....

State (*do not include this request*): ..... \$ .....

Local: ..... \$ .....

**APPLICANT CASH:** (*See Glossary for definition*) ..... \$ .....**SUB-TOTAL** (*Income from Above*): ..... \$ .....**GRANT AMOUNT REQUESTED FROM ARTS COUNCIL:** ..... + \$ .....

**TOTAL CASH INCOME:** (*Must equal Total Cash Expenses*) .....= \$ .....